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AIDS/HIV

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Electrolytes are substances that circulate in the blood and control such things as cardiac function and muscle contraction. While there are several electrolytes in the blood, this test measures the four most common.

Sodium (Na⁺): Sodium is primarily responsible for maintaining osmotic pressure. In other words, it maintains intracellular and extracellular fluid levels in the body. An increased serum sodium is present in states of dehydration as a result of diarrhea or vomiting. Low sodium levels usually are a result of too much water in the body.

Normal values: 135-145

Potassium (K⁺): Potassium is a major component in cardiac function. Even small changes in Potassium can cause abnormal cardiac arrhythmias, affecting cardiac function. Too much potassium in the blood is usually caused by poor kidney function and can cause abnormal and sometimes fatal abnormalities in the heart rhythm. Low potassium levels are usually the result of potassium loss from excessive urination or from vomiting. A potassium level that is too low can cause abnormal heart rhythms.

Normal values: 3.5-5.0

Chloride (Cl⁻): In combination with sodium, chloride maintains fluid levels by regulating osmotic pressure in the blood. An elevated chloride usually results from abnormal kidney function. A chloride level below normal usually results from excessive vomiting or diarrhea.

Normal values: 100-106

Bicarbonat (HCO₃⁻): The serum bicarbonate is

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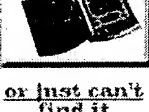
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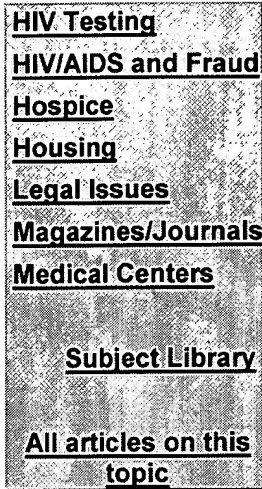
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the major buffer in the body, helping to maintain the proper blood pH. Proper blood pH is essential to life.

Normal values: 35-45

Blood Urea Nitrogen (BUN): Urea is a waste product resulting from protein metabolism. It is made in the liver and carried via the blood to the kidneys where it is excreted. An elevated BUN can indicate kidney dysfunction or poor blood circulation to the kidneys.

Normal values: 8-25

Creatinine (CR): Creatinine is a waste product formed when muscle tissue uses energy sources. It is carried to the kidneys via the blood and excreted from the body. Elevated levels can indicate kidney dysfunction.

Normal values: 0.6-1.5

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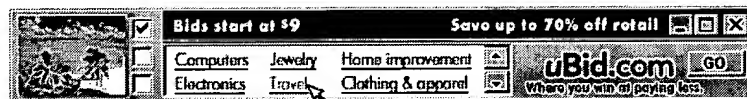
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Sodium chloride**Sodium chloride**

Sodium chloride

(SO-dee-um KLOOR-eyed)

Pregnancy Category: C **T pical:** Afr Saline HuMIST Saline Nasal NaSal Saline Nasal Ocean Mist Saline From Otrivin* Salinex Nasal Mist. Thalaris* **Ophthalmic:** Adsorbonac Ophthalmic AK-NaCl Cordema* Hypersal 5% Muro-128 Ophthalmic Muroptic-5 **Parenteral:** Sodium Chloride IV Infusions (0.45%, 0.9%, 3%, 5%) Sodium Chloride Injection for Admixtures (50, 100, 625 mEq/vial) Sodium Chloride Diluent (0.9%) Concentrated Sodium Chloride Injection (14.6%, 23.4%) (parenteral is Rx; topical and ophthalmic are OTC)

Classification: Electrolyte

Action/Kinetics: Sodium is the major cation of the body's extracellular fluid. It plays a crucial role in maintaining the fluid and electrolyte balance. Excess retention of sodium results in overhydration (edema, hypervolemia), which is often treated with diuretics. Abnormally low levels of sodium result in dehydration. Normally, the plasma contains 136-145 mEq sodium/L and 98-106 mEq chloride/L. The average daily requirement of salt is approximately 5 g.

Uses: **PO:** Prophylaxis of heat prostration or muscle cramps, chloride deficiency due to diuresis or salt restriction, prevention or treatment of extracellular volume depletion.

Parenteral:

0.9% (Isotonic) NaCl. To restore sodium and chloride losses; to dilute or dissolve drugs for IV, IM, or SC use; flushing of IV catheters; extracellular fluid replacement; priming solution for hemodialysis; initiate and terminate blood transfusions so RBCs will not hemolyze; metabolic alkalosis when there is fluid loss and mild sodium depletion.

0.45% (Hypotonic) NaCl. Fluid replacement when fluid loss exceeds depletion of electrolytes; hyperosmolar diabetes when dextrose should not be used (need for large volume of fluid but without excess sodium ions).

3% or 5% (Hypertonic) NaCl. Hyponatremia and hypochloremia due to electrolyte losses; to dilute body water significantly following excessive fluid intake; emergency treatment of severe salt depletion.

Concentrated NaCl. Additive in parenteral therapy for clients with special needs for sodium intake.

Bacteriostatic NaCl. Used only to dilute or dissolve drugs for IM, IV, or SC injection.

T pical: Relief of inflamed, dry, or crusted nasal membranes; irrigating solution. **Ophthalmic:** Use hypertonic solutions to decrease corneal edema due to bullous keratitis; as an aid to facilitate ophthalmoscopic examination in gonioscopy, biomicroscopy, and funduscopy.

Contraindications: Congestive heart failure, severely impaired renal function, hypernatremia, fluid retention. Use of the 3% or 5% solutions in elevated, normal, or only slightly depressed levels of plasma sodium and chloride. Use of bacteriostatic NaCl injection in newborns.

Special Concerns: Use with caution in CV, cirrhotic, or renal disease; in presence of hyperproteinemia, hypervolemia, urinary tract obstruction, and CHF; in those with concurrent edema and sodium retention and in clients receiving corticosteroids or corticotropin; and during lactation. Use with caution in geriatric or postoperative clients with renal or CV insufficiency with or without CHF.

Side Effects: Hypernatremia. Excessive NaCl may lead to hypopotassemia and acidosis. Fluid and solute overload leading to dilution of serum electrolyte levels, CHF, overhydration, **acute pulmonary edema** (especially in clients with CV disease or in those receiving corticosteroids or other drugs that cause sodium retention). Too rapid administration may cause local pain and

venous irritation.

Postoperative intolerance of NaCl: Cellular dehydration, weakness, asthenia, disorientation, anorexia, nausea, oliguria, increased BUN levels, distention, deep respiration.

Symptoms due to solution or administration technique: Fever, abscess, tissue necrosis, infection at injection site, venous thrombosis or phlebitis extending from injection site, local tenderness, extravasation, hypervolemia.

Inadvertent administration of concentrated NaCl (i.e., without dilution) will cause sudden hyponatremia with the possibility of CV shock, extensive hemolysis, CNS problems, necrosis of the cortex of the kidneys, local tissue necrosis (if given extravascularly).

Overdose Management: *Symptoms:* Irritation of GI mucosa, N&V, abdominal cramps, diarrhea, edema. Hyponatremia symptoms include: irritability, restlessness, **weakness, seizures** coma, tachycardia, hypertension, fluid accumulation, **pulmonary edema, respiratory arrest.**

Treatment: Supportive measures, including gastric lavage, induction of vomiting, provide adequate airway and ventilation, maintain vascular volume and tissue perfusion. Magnesium sulfate given as a cathartic.

How Supplied: *Dressing; Injection:* 0.45%, 0.9%, 2.5%, 3%, 5%, 14.6%, 23.4%; *Inhalation solution:* 0.45%, 0.9%, 3%, 10%; *Irrigation solution:* 0.45%, 0.9%; *Nasal solution:* 0.4%, 0.75%; *Ophthalmic ointment:* 5%; *Ophthalmic solution:* 0.44%, 2%, 5%; *Powder for reconstitution;* *Tablet:* 250 mg, 1 g

Dosage

• **Tablets (Including Extended-Release and Enteric-Coated)** *Heat cramps/dehydration.* 0.5-1 g with 8 oz water up to 10 times/day; total daily dose should not exceed 4.8 g.

• IV

Individualized. Daily requirements of sodium and chloride can be met by administering 1 L of 0.9% NaCl.

To calculate sodium deficit. Amount of sodium to be given to raise serum sodium to the desired level:

Total body water (TBW): sodium deficit (mEq) = TBW x (desired plasma Na - observed plasma Na).

Ophthalmic Solution 2% or 5%

1-2 gtt in eye q 3-4 hr.

Ophthalmic Ointment 5%

A small amount (approximately 1/4 in.) to the inside of the affected eye(s) (i.e., by pulling down the lower eyelid) q 3-4 hr.

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